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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/016,005
Filing Date	11/01/2001
First Named Inventor	Mailland
Art Unit	1615
Examiner Name	M. Young
Attorney Docket Number	9056-5CT

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: At the request of the assignee

APPROVED
[Signature]
SP/1615/1600
11/23/04

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

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OR

☒ Firm or Individual Name Roberto Pistolesi

Address Dragott & Associati, Galleria San Babila, 4C

City Milano State Zip 20122

Country Italy

Telephone 39 027682077 Fax 39 02784427

Signature *[Signature]*

Name Shawna Cannon Lemon Registration No. 53,888

Date October 31, 2004 Telephone No. 919-854-1400

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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